



**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE
ELECTRONIC FILING REGISTRATION FORM**

**FOR ATTORNEYS IN MULTI-DISTRICT LITIGATION (MDL) CASES
WHO ARE NOT ADMITTED TO THE BAR OF THIS COURT**

Instructions: An attorney of record in a case transferred to Delaware (that is part of a Multi-District Litigation (MDL) action), who is NOT a member of the bar of this Court, may register for ECF on a case-by-case basis. Please submit an original signed registration form to the Clerk's Office to request an ECF account. Once issued, a user ID and password will be valid for electronic filing and noticing in this MDL and below noted Dist. of DE case(s) only:

(Please Print or Type all information)

MDL CAPTION:	DIST. OF DE
IN RE: _____	MDL CA # _____
PARTY(IES) RESPRESENTED: _____ _____	
DELAWARE CASE(S) CA # _____ _____	

Internet E-Mail Address: _____ (Print clearly)

Last Name: _____ Generation: (e.g., Jr., Sr.) _____

First Name: _____ Middle Initial: _____

Firm's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Do you have a PACER Account (required)? Yes No

By submitting this form, I hereby agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of ECF. I have independently reviewed both the ECF User's Manual and Civil Tutorial on the Court's web site. I consent to receive service of documents and notice of filings by electronic means via ECF in the circumstances permitted under those guidelines. I understand that the combination of user ID and password will serve as the signature of the attorney filing the document. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect that my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk's Office if there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc. I further understand that my user ID and password are valid for this MDL action only.

Signature	Date
Submit completed registration form to: Clerk U.S. District Court for the District of Delaware ATTN: ECF Registration Room 4209, Lockbox 18 844 N. King Street Wilmington, DE 19801 (302) 573-6170 Web site: www.ded.uscourts.gov	COURT USE ONLY: <small>(ECF MDL Atty. Reg. Form - Rev. 2/06)</small> DATE REGISTRATION FORM RECEIVED: _____ USER ID: _____ PASSWORD: _____ DATE ISSUED: _____ BY: _____ E-MAIL NOTICE SENT: _____ BY: _____